

**State of Arizona  
Department of Transportation  
Motor Vehicle Division**

**Arizona Mandatory Insurance  
Reporting System**

**Guide for Insurance Companies**

**Version 2.2  
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## **1. Introduction to the Arizona Mandatory Insurance Reporting System (AMIRS)**

### **1.1. AMIRS Guide for Insurance Companies Purpose**

The purpose of this guide is to provide insurance companies with the information necessary to implement required reporting of insurance policy information.

This guide is intended to provide a mix of business and technical information to define when and how insurance information will be transmitted between the Arizona Department of Transportation (ADOT) Motor Vehicle Division (MVD) and the company.

This guide is being provided in an updateable format to allow supplements to be added as sections are developed or modified. The most current version will be posted on our web site at:

[http://www.dot.state.az.us/mvd/mvdforms/documents/x12\\_insurance.pdf](http://www.dot.state.az.us/mvd/mvdforms/documents/x12_insurance.pdf)

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### **1.2. AMIRS Goal and Authorization**

ADOT/MVD is dedicated to facilitating licensing, safety programs and compliance with motor vehicle laws. AMIRS takes advantage of current technology to communicate and partner with the insurance industry through a policy reporting system which reduces the necessity for vehicle owners to verify insurance coverage.

Arizona Revised Statutes Title 28, Chapter 9, Section 4148 requires that each company report. Copies of the statute may be found at:

<http://www.azleg.state.az.us/ars/28/04148.htm>

### **1.3. AMIRS Data Transmission**

AMIRS requires the transmission of data through Electronic Data Interchange (EDI), unless the insurance company qualifies, applies for and is granted an exemption. The data is to be formatted in accordance with the specifications in this guide, which is a modification of the standardized format as defined by the American National Standards Institute (ANSI), Accredited Standards Committee (ASC) X12N. There are two (2) transmission methods available; Information Exchange (IE), and File Transfer Protocol (FTP).

#### **1.3.1. EDI Exemptions**

Insurance companies may qualify for an exemption to EDI reporting if they have less than 10,000 policies in place in Arizona, do not report by EDI to any other state and would suffer a financial burden if required to report by this method. Application must be made to the Reporting Coordinator and renewed annually each February.

### **1.4. AMIRS Reportable Activity**

Insurance companies are required to report activity for both vehicle specific and non-vehicle specific policies. Reportable activity includes:

- Policy cancellation
- Policy non-renewal
- New policy issue
- Vehicle added to a vehicle specific policy
- Vehicle deleted from a vehicle specific policy

### **1.5. Insurance Database**

AMIRS is operated by ADOT/MVD and the information reported is stored in a database maintained internally on our mainframe computer. The operation of this system is not contracted with any outside entity. ADOT/MVD does not disclose or allow the bulk purchase of any insurance information submitted by insurers or other providers in conjunction with AMIRS.

Vehicle specific policies are matched by vehicle identification number (VIN) with vehicles in the ADOT/MVD database of registered vehicles. Non-vehicle specific policies are matched by customer number with individuals and organizations in the ADOT/MVD database of customers. Valid matches result in the new record information being processed. If no match is made, the record is either held for re-processing or written to an error record.

### **1.5.1. Update Process**

When a successful VIN or customer number match is made, any existing policies are compared to the new record by insurance code and policy number.

If an exact insurance code/policy number match is made, then the new record values are used to update the existing policy record. This is the normal process used to cancel open (active) policies; the cancellation date on the new record overlays the cancellation date on the existing policy record.

If an exact insurance code/policy match is not made, then the new record values are used to create a new policy record in the appropriate insurance database. This is the normal process used to record new policies.

This is why it is very important that the insurance company always report a specific policy using the same insurance code and policy number. If a company changes these values in any way, the system will not recognize the input as an update to an existing policy, but will instead insert it as a separate policy record. This may result in an open policy remaining active when it should have been cancelled. If the insurance code or policy number must be changed, report a cancellation using the original numbers and report the new values as a new issue.

### **1.5.2. VIN Non-match Re-processing**

The following process is not applicable to SR22/SR26 reports, those error records will be returned immediately when a non-match condition is encountered.

A process was developed to give a vehicle specific policy a “second chance” to make a successful match. This process was implemented because some policy records are received before the corresponding vehicle record is created. This happens most often with newly purchased vehicles.

When a vehicle specific policy record does not find a match, the VIN is put through a simple validation test. This test is designed to weed out those records that obviously do not carry a valid VIN (TBD, Unknown, To Follow, 99999, 00000, etc.). The VINs for vehicle years 1981 or later are also tested for a length of 17 characters and that they contain both alphas and numbers. If they do not conform to

these rules, they are written to an error file. If they pass the test, then they are written to a re-processing file. Every processing day for 45 days additional attempts are made to match the record. If no match occurs in this 45 day period, then the record is written to an error record.

### **1.5.3. Error Process**

ADOT/MVD will return error records to the submitting insurance company, unless they are exempted from X12 EDI reporting. There is currently no practical method to return errors to companies using alternate reporting methods.

Records returned to an insurance company should be researched in a timely manner and corrected records should be submitted in the next possible transmission. Correction of unmatched policy records is essential to prevent unnecessary notices and invalid actions being taken against the vehicle owner/policy holder. The Reporting Coordinator will assist in the resolution of errors, if necessary.

## **1.6. Insurance Verification Overview**

Information is received from both the insurance companies and policyholders to update ADOT/MVD insurance databases. Each week all currently registered vehicles are checked for a matching open (active) insurance database record.

If no match is found, the registered owner is sent a verification notice requesting that evidence of insurance coverage be provided within 20 days. Evidence received in response to the notice is recorded in the appropriate insurance database. Failure to provide evidence results in the vehicle registration being suspended.

It is in the best interest of both ADOT/MVD and the insurance industry to make AMIRS as efficient as possible, to avoid sending unnecessary notices to our joint customers.

## **2. Electronic Data Interchange Overview**

### **2.1. EDI Background**

Electronic Data Interchange, commonly referred to as EDI, is computer-to-computer transmission of business data. Data is in a computer readable format and available for analysis, control and distribution at any point along its path. Any amount of data can be exchanged. Message acknowledgments validate delivery. Large numbers of trading partners are easily managed by commercial EDI software.

Becoming an EDI trading partner requires a computer (PC, mid-range or mainframe) and the following:

- Communications hardware
- Communications software
- X12 translation software

There are many companies marketing EDI software and hardware. There are packages for all sizes of computers and most operating systems (DOS, Windows, OS/2, Macintosh, UNIX, AIX, etc.). Prices vary widely, usually based on the size of the computer.

Sources available for obtaining more information on X12 translation software include, <http://DISA.ORG>, EDI trade shows, insurance trade organizations and review of the ANSI X12 Set 811, Release 003050 Version 3.0 implementation guide.

### **2.2. Data Connectivity**

Insurance companies have the choice of EDI reporting using either one of two (2) different connectivity methods; Information Exchange (IE), or File Transfer Protocol (FTP).

#### **2.2.1. Information Exchange**

ADOT/MVD has selected ADVANTIS to provide one method of data connectivity between insurance companies and ADOT/MVD. ADVANTIS is a collection of value added services provided by AT&T Global Network. Insurance companies have the option of using either leased line or dial-up services on the AT&T Global Network when connecting to ADOT/MVD. ADVANTIS services usually are billed as a one time set up fee, a monthly charge and a usage charge.



AAMVAnet is a re-marketer of ADVANTIS services for state and local government agencies and IVANS is a re-marketer of ADVANTIS services for the insurance industry. There are also other intermediary companies such as Choice Point, TML Services and DAC Services. Insurance companies may already have accounts and connectivity established through one of these organizations for other projects.

If a company has no ADVANTIS service, it must obtain a new account and electronic mailbox. This can be done through any of the service providers above or any other re-marketer of ADVANTIS services.

#### **2.2.1.1. Electronic Mailbox**

An electronic mailbox is a unique “address” that provides a company with the ability to receive and send information between trading partners. It works very much like a mail envelope received or sent from the post office. There is an address of the sender and receiver on each envelope. When you receive your envelope, you open it, handle the contents and can then re-package it and send something back through the same mailbox.

A mailbox may have the capability to archive (store) a file received for a short time period. By using this capability, you can receive a file, run it through your translation software and if you determine that something is wrong, you will not have to request ADOT/MVD re-send the file to you, because you have the file stored for a specific number of days.

#### **2.2.2. File Transfer Protocol**

Insurance companies may also use FTP to send policy data via the Internet. A directory is set up on an ADOT/MVD server for each company requesting this option. Within this directory are two sub-directories, one for sending data to ADOT/MVD and one for receiving the error data being returned. After ADOT/MVD extracts the data received, it is deleted off the server. The insurance company is responsible for deleting the error files being returned to them.

Insurance companies must obtain their own Internet service provider and communications hardware and software.

ADOT/MVD has endeavored to make the server as secure as possible, however at this time there is no method of securing the transmission of the information across the Internet.

### **2.3. ANSI ASC X12.39 TS 811**

Information sent to ADOT/MVD must be in the nationally standardized format as defined by the American National Standards Institute (ANSI), Accredited Standards Committee (ASC) X12N. This standard is known as the ANSI ASC X12.39, Transaction Set 811, Consolidated Service Invoice or Statement, Version 003050. The insurance industry subcommittee has defined the usage of this transaction set to be for insurance reporting.

Insurance companies reporting electronically should obtain a copy of the Implementation Guide, Version 3.0. It will be used as a reference manual for identifying the ANSI standards currently used. This document provides information necessary to facilitate an implementation of EDI. The Implementation Guide, Version 3.0 enables the use of EDI for the notification of the status of insurance coverage. ADOT/MVD has identified specific data segments and data elements out of the Implementation Guide, Version 3.0.

A complete copy of the Implementation Guide, Version 3.0 by contacting Washington Publishing at 1-800-972-4334 or at their web site at:

<http://www.wpc-edi.com/>

### **2.4. Electronic Reporting Process**

The following steps describe an overview of how insurance information is received and processed via X12-811.

1. The insurance company packages their information into a document, places the document into an electronic envelope and transmits the envelope to their electronic mailbox or ADOT/MVD server sub-directory.
2. The EDI software retrieves the electronic envelope, removes the document and translates the information into individual records in the application's data format. A Functional Acknowledgment document (ASC X12 Transaction Set 997) is prepared for returning to the sender. The translator checks to insure that the document follows the rules of the 811 insurance reporting standard and the certain data elements are correct according to ADOT/MVD rules. If an error is detected, it is

noted in the 997 acknowledgments and the document is not processed any further. If no errors were found, the records are allowed to continue through the system.

3. The 997 acknowledgment is sent to the insurance company's electronic mailbox of ADOT/MVD server sub-directory. A 997 is always sent, whether or not any translation errors were detected.
4. The data records are validated for content errors. Each field is checked to insure it contains correct information. Validation errors are described in another section of this guide. Records that do not pass validation are written to a file for subsequent error processing. Valid records are passed on for matching.
5. Valid records are matched by VIN or customer number to the appropriate database. Matched records are used to update the insurance databases.
6. Unmatched and error records are translated back to an 811 document, placed in an electronic envelope and sent to the insurance companies electronic mailbox or ADOT/MVD server sub-directory. If there were no unmatched or error record, nothing other than the 997 acknowledgment is returned.
7. Statistical reports regarding the document are generated for use by the Reporting Coordinator.

### **3. Business Reporting Specifications**

#### **3.1. Insurance Business Contact and Set Up**

In order to implement the EDI process for submitting insurance information, each insurance company must contact the Reporting Coordinator and provide the following information:

1. The project managers and technical contacts for ADOT/MVD during development and implementation. Include names, titles, addresses, phone numbers, e-mail addresses, etc. Also, identify the on-going contact person, if different.
2. The transmission method (IE, or FTP) of choice based on reporting specifications found in this section and Section 2. If reporting by IE or NJE, provide the account information necessary to access the electronic mailbox.
3. The brand name and version number of the translation software being used. This will allow ADOT/MVD to alert the insurance company of any known issue, prior to the start of testing.
4. As ADOT/MVD convert a limited number of companies each month, requests for starting dates will be on first request basis. Failure to convert may result in a non-compliance report being filed with the Arizona Department of Insurance (DOI). DOI may, after a hearing, impose sanctions on the insurance company, including fines and suspension of license.

Once the Reporting Coordinator receives this information, the company will be contact to make arrangements to start the testing process.

#### **3.2. On-going Reporting of Insurance Information**

The following list addresses some of the on-going insurance information reporting requirements:

- Insurance companies must report at least once per calendar week. If no there was no reportable activity for the period, a no activity report is required.

- Reportable activity is:
  - A policy cancellation.
  - A policy non-renewal.
  - A new policy issue.
  - A vehicle added to a vehicle specific policy.
  - A vehicle deleted from a vehicle specific policy.
- Both vehicle specific and non-vehicle specific policies must be reported. Vehicle specific policies must have a valid VIN and non-vehicle specific policies must have a valid Arizona customer number.
- Both private passenger and commercial policies must be reported.
- Reports must be made in accordance with the X12 EDI specifications outlined in this guide, unless the insurance company has applied for and been granted an exemption.

### **3.3. Exemptions to EDI Reporting**

AMIRS allows for two levels of exemption to the X12 EDI reporting, depending on the number of policies in Arizona and other considerations. To be granted an exemption, an officer or director of the insurance company must sign a written certification as outlined below and submit it to the Reporting Coordinator. Upon review of the certification, the Reporting Coordinator will contact the company to make arrangements for the alternative reporting. The certification must be renewed annually by February 1 of each year.

#### **3.3.1. Cartridge Tape Reporting**

To qualify for an exemption that allows for reports to be made by cartridge tape, an insurance company must:

- Have fewer than 10,000 motor vehicle policies in place in Arizona as of January 1 of the year,
- Does not submit EDI reporting to any other state, and
- The company will sustain a financial burden from EDI reporting.

Cartridge tapes received prior to noon are processed on the same day. Cartridge tapes received after this time are processed the next business day.

Cartridge tapes will only be returned to the insurance company if the cost of postage is provided, otherwise they will be destroyed after they are processed. UPS, Federal Express or other parcel post account numbers can be provided to the Reporting Coordinator for this purpose, if the company so desires.

### **3.3.2. Alternative Reporting**

To qualify for an exemption that allows for reports to be made by methods other than EDI or cartridge tape, an insurance company must:

- Have fewer than 100 motor vehicle policies in place in Arizona as of January 1 of the year,
- Does not submit EDI or cartridge tape reporting to any other state, and
- The company will sustain a financial burden from EDI or cartridge tape reporting.

The insurance company must identify the desired method of reporting (e-mail, fax, mail, etc. Reports received prior to noon are processed on the same day. Reports received after this time are processed the next business day.

## 4. EDI Technical Specifications

### 4.1. X12 811 Information

Insurance company programming must include the ability to send or receive an 811 error transaction and receive a 997 Functional Acknowledgment sent from ADOT/MVD. Do not send a 997 in response to error records that are returned from ADOT/MVD.

Translation errors due to invalid content can be avoided if a sender guarantees that the data elements they send meet the standard as well. The following are examples of EDI data standards:

- Dates are all number characters and are valid according to a calendar.
- Alphanumeric data elements contain only uppercase letters, numbers, spaces and certain special characters.
- Related elements are both present and both absent.

The default delimiters in some EDI software products are hexadecimal 5C for the data element delimiter and hexadecimal 5A for the segment delimiter. The hexadecimal 5C is an asterisk. Since some data elements may contain asterisks as valid data, using an asterisk as a data element delimiter can cause a failure of the EDI translation logic. The asterisks will signify the end of a data element and then the translator won't know what to do with the data the follows. Do not use these default delimiters.

ADOT/MVD recommends that the following data delimiters be used in electronic transmissions delivered:

Data element delimiter:	hexadecimal 1D
Segment delimiter:	hexadecimal 1C
Sub-element delimiter:	hexadecimal 1F

### 4.2. Information Exchange Information

ADOT Account Number:	AZMV
ADOT Userid:	AZMVIE4
Test Message Class:	MIX12T
Production Message Class:	MIX12P

## 5. Data Element Specifications

### 5.1. 811 Arizona MIRS Policy Receipt

This is the Arizona adaptation of the X12 (TS811) Version 3050. The segments and data elements defined in this document specify the data required by Arizona with most of the values required for a valid 811 transaction. The inclusion of additional data is optional to the sender, but will not be used by ADOT/MVD.

#### 5.1.1. Table 1 – Header Level

##### 811 Header

##### Segment: ST – Transaction Set Header

Seq. No.	X12 Name	Value To Be Used	Min/Max
ST01	Transaction Set Identifier Code	811	3/3
ST02	Transaction Set Control Number	Unique control number, assigned by sender	4/9

##### Date Insurance Entity Created File

##### Segment: BIG - Beginning Segment for Invoice

Seq. No.	X12 Name	Value To Be Used	Min/Max
BIG01	Date	Creation date (YYMMDD)	6/6
BIG02	Invoice Number	“1”	1/1



**Sender's Name and Identification Number****Loop ID: N1 - Sender's Name and Identification Number****Segment: N1 - Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
N101	Entity ID Code	"IN" (Insurer)	2/2
N102	Name	Sender's name	1/35
N103	ID Code Qualifier	"NI" (NAIC code) or "FI" (Tax ID number)	2/2
N104	ID Code	NAIC Code or Federal Tax ID number	5/9

**Receiver's Name and Identification Number****Loop ID: N1 - Receiver's Name and Identification Number****Segment: N1 - Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
N101	Entity ID Code	"2F" (State)	2/2
N102	Name	"ARIZONA MVD MI"	14/14

### 5.1.2. Table 2 – Detail Level

#### 5.2.2.1. Hierarchical Level 1: Insurer

##### Insurance Entity Level

**Loop ID: HL – Insurance Entity Loop**

**Segment: HL - Hierarchical Level (Level 1: Insurer)**

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL Identifier	1/4
HL02	Hierarchical Parent ID	Not used	0/0
HL03	Hierarchical Level Code	“1”	1/1
HL04	Hierarchical Child Code	“1”	1/1

##### Insurance Entity’s Name and NAIC Code

**Loop ID: HL/NM1**

**Segment: NM1 - Individual or Organization Name**

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	“IN” (Insurer)	2/2
NM102	Entity Type Qualifier	“2” (Non-person)	1/1
NM103	Last Name or Organization Name	Organization name	1/35

NM108	Identification Code Qualifier	“NF” (NAIC Code)	2/2
NM109	ID Code	NAIC Code	5/5

##### Insurer Reporting Information

**Loop ID: HL/IT1**

**Segment: IT1 Loop - Baseline Item Data**

Seq. No.	X12 Name	Value To Be Used	Min/Max
IT102	Quantity Invoiced	“1”	1/1
IT103	Unit	“IP”	2/2
IT104	Unit Price	“0”	1/1

##### Submission Date

**Loop ID: HL/IT1**

**Segment: DTM - Date/Time/Reference**

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	“368”	3/3
DTM02	Date	Date submitted	6/6
DTM05	Century	Century of submittal date	2/2

### 5.1.2.2. Hierarchical Level 2: State

**State Level**

**Loop ID: HL**

**Segment: HL - Hierarchical Level (Level 2: Occurs once for the state)**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
HL01	Hierarchical ID Number	HL identifier	1/4
HL02	Hierarchical Parent ID	"1"	1/1
HL03	Hierarchical Level Code	"2"	1/1
HL04	Hierarchical Child Code	"1"	1/1

**State Name**

**Loop ID: HL/NM1**

**Segment: NM1 - Individual or Organization Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
NM101	Entity ID Code	"2F"	2/2
NM102	Entity Type Qualifier	"2"	1/1
NM103	Last Name or Organization Name	"AZ"	2/2

**5.1.2.3. Hierarchical Level 4: Policy  
Policy Level**

**Loop ID: HL**

**Segment: HL - Hierarchical Level**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
HL01	Hierarchical ID Number	HL Identifier	1/4
HL02	Hierarchical Parent ID	Parent ID number	1/4
HL03	Hierarchical Level Code	“4”	1/1
HL04	Hierarchical Child Code	“1” (level 5 loops present) or “0” (no level 5 loops present)	1/1

**Insured Name**

**Loop ID: HL/NM1**

**Segment: NM1 - Individual or Organization Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
NM101	Entity ID Code	“IL”	2/2
NM102	Entity Type Qualifier	“1” (person) or “2” (non-person entity)	1/1
NM103	Last name or organization name	Insured last name or organization name	1/35
NM104	Name First	Insured first name	1/25
NM105	Name Middle	Insured middle initial	1/1
NM108	Identification Code Qualifier	“N” (Insured DL No) or “FI” (Federal Tax ID No) or Blank (NM109 no used)	0/2
NM109	ID Code	Insured Driver’s License Number or Non Person entity’s FEIN	0/9

**Insured Address**

**Loop ID: HL/NM1**

**Segment: N3 - Address Information**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
N301	Address Information	Insured mailing address	1/35

**Insured City, State, Zip****Loop ID: HL/NM1****Segment: N4 - Geographic Location**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
N401	City Name	Insured city	1/25
N402	State or Province Code	Insured state	2/2
N403	Postal Code	Insured zip	5/9

**Policy Information****Loop ID: HL/IT1****Segment: IT1 - Baseline Item Data**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
IT102	Quantity Invoiced	“1”	1/1
IT103	Unit	“IP”	2/2
IT104	Unit Price	“0”	1/1

**Transaction Purpose****Loop ID: HL/IT1****Segment: SI - Service Characteristic Identification**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
SI01	Agency Qualifier Code	“ZZ”	2/2
SI02	Service Characteristic Qualifier	“11”	2/2
SI03	Product/Service ID	Transaction Type: “NBS” - (New business) or “XLC” – (Cancellation) or “S22” – (SR22) or “S26” – (SR26)	3/3

**Policy Number****Loop ID: HL/IT1****Segment: REF - Reference Number**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
REF01	Reference No. Qualifier	“IG”	2/2
REF02	Reference Number	Policy number	1/30
REF03	Description	“1” – personal or “2” –commercial	1/1

**Issuer of Operator's Drivers License****Loop ID: HL/IT1****Segment: REF - Reference Number**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
REF01	Reference No. Qualifier	"XM"	2/2
REF03	Description	State or province code of jurisdiction issuing driver license	2/2

**Vehicle Specification Information****Loop ID: HL/IT1****Segment: REF - Reference Number**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
REF01	Reference No. Qualifier	"S3"	2/2
REF02	Reference Number	"V" – Vehicle specific or "NS" – Not vehicle specific	1 /2

**Insurance Company Information****Loop ID: HL/IT1****Segment: REF - Reference Number**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
REF01	Reference No. Qualifier	"DD"	0/2
REF03	Description	Identifying information used by Insurance Co. which will be returned on error records	0/9

**Insured Date of Birth****Loop ID: HL/IT1****Segment: DTM - Date/Time/Reference**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
DTM01	Date/Time Qualifier	"222"	3/3
DTM02	Date	Insured date of birth	6/6
DTM05	Century	Insured century of birth	2/2

**Policy Effective Date****Loop ID: HL/IT1****Segment: DTM - Date/Time/Reference**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
DTM01	Date/Time Qualifier	“007”	3/3
DTM02	Date	Policy effective date	6/6
DTM05	Century	Century of policy effective. date	2/2

**SR Policy Cancellation Date****Loop ID: HL/IT1****Segment: DTM - Date/Time/Reference**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
DTM01	Date/Time Qualifier	“036”	3/3
DTM02	Date	Policy cancellation date	6/6
DTM05	Century	Century of policy cancellation. date	2/2

**SR Policy Certification Date****Loop ID: HL/IT1****Segment: DTM - Date/Time/Reference**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
DTM01	Date/Time Qualifier	“458”	3/3
DTM02	Date	SR Certification date	6/6
DTM05	Century	Century of certification. date	2/2

#### 5.1.2.4. Hierarchical Level 5: Vehicle Vehicle Level

**Loop ID: HL**

**Segment: HL - Hierarchical Level**

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL identifier	1 /4
HL02	Hierarchical Parent ID	Parent identifier	1 /4
HL03	Hierarchical Level Code	"5"	1/1

**Section Separator – Vehicle Level**

**Loop ID: HL/LX**

**Segment: LX - Assigned Number**

Seq. No.	X12 Name	Value To Be Used	Min/Max
LX01	Assigned Number	"1"	1/1

**Vehicle Information**

**Loop ID: HL/LX**

**Segment: VEH –Vehicle Information**

Seq. No.	X12 Name	Value To Be Used	Min/Max
VEH02	Vehicle ID Number	Vehicle Identification Number (VIN)	1/25
VEH03	Century	Century vehicle was made	2/2
VEH04	Year within Century	Year vehicle was made	2/2
VEH05	Agency Qualifier Code	"NA"	2/2
VEH06	Product Description Code	Vehicle make	1/5

**Vehicle License Plate Number**

**Loop ID: HL/LX**

**Segment: REF - Reference Number**

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"LV"	1/2
REF02	Reference Number	Vehicle license plate number	1/8



### 5.1.3. Table 3 – Summary Level

#### Section Separator – Summary Level

#### Segment: TDS - Total Monetary Value Summary

Seq. No.	X12 Name	Value To Be Used	Min/Max
TDS01	Total Invoice Amount	“1”	1/1

#### Segment: CTT - Transaction Totals

Seq. No	X12 Name	Value To Be Used	Min/Max
CTT01	Number of Line Items	Total no of insurance policy transactions in this transaction set	1/4

## 5.2.811 Arizona MIRS Error Return

The following is the Arizona adaptation of the X12 (TS811) Version 3050, for error return. The segments and data elements identified are the data returned to the insurance companies from Arizona.

### 5.2.1. Table 1 – Header Level

#### 811 Header

##### Segment: ST – Transaction Set Header

Seq. No.	X12 Name	Value To Be Used	Min/Max
ST01	Transaction Set Identifier Code	811	3/3
ST02	Transaction Set Control Number	Unique control number, assigned by sender	4/9

#### Date Insurance Entity Created File

##### Segment: BIG - Beginning Segment for Invoice

Seq. No.	X12 Name	Value To Be Used	Min/Max
BIG01	Date	Creation date (YYMMDD)	6/6
BIG02	Invoice Number	“1”	1/1

**Sender's Name and Identification Number****Loop ID: N1 – Sender's Name and Identification Number****Segment: N1 - Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
N101	Entity ID Code	“2F” (State)	2/2
N102	Name	“ARIZONA MVD MI”	14/14

**Receiver's Name and Identification Number****Loop ID: N1 - Receiver's Name and Identification Number****Segment: N1 - Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
N101	Entity ID Code	“IN” (Insurer)	2/2
N102	Name	Receiver's name	1/35
N103	ID Code Qualifier	“NI” (NAIC code) or “FI” (Tax ID number)	2/2
N104	ID Code	NAIC Code or Federal Tax ID number	5/9

## 5.2.2. Table 2 – Detail Level

### 5.2.2.1. Hierarchical Level 1: Insurer

#### Insurance Entity Level

**Loop ID: HL – Insurance Entity Loop**

**Segment: HL - Hierarchical Level (Level 1: Insurer)**

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL Identifier	1/4
HL02	Hierarchical Parent ID	Not used	0/0
HL03	Hierarchical Level Code	“1”	1/1
HL04	Hierarchical Child Code	“1”	1/1

#### Insurance Entity’s Name and NAIC Code

**Loop ID: HL/NM1**

**Segment: NM1 - Individual or Organization Name**

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	“IN” (Insurer)	2/2
NM102	Entity Type Qualifier	“2” (Non-person)	1/1
NM103	Last Name or Organization Name	Organization name	1/35

NM108	Identification Code Qualifier	“NF” (NAIC Code)	2/2
NM109	ID Code	NAIC Code	5/5

#### Insurer Reporting Information

**Loop ID: HL/IT1**

**Segment: IT1 Loop - Baseline Item Data**

Seq. No.	X12 Name	Value To Be Used	Min/Max
IT102	Quantity Invoiced	“1”	1/1
IT103	Unit	“IP”	2/2
IT104	Unit Price	“0”	1/1

#### Submission Date

**Loop ID: HL/IT1**

**Segment: DTM - Date/Time/Reference**

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	“368”	3/3
DTM02	Date	Date submitted	6/6
DTM05	Century	Century of submittal date	2/2

### 5.2.2.2. Hierarchical Level 2: State

**State Level**

**Loop ID: HL**

**Segment: HL - Hierarchical Level (Level 2: Occurs once for the state)**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
HL01	Hierarchical ID Number	HL identifier	1/4
HL02	Hierarchical Parent ID	"1"	1/1
HL03	Hierarchical Level Code	"2"	1/1
HL04	Hierarchical Child Code	"1"	1/1

**State Name**

**Loop ID: HL/NM1**

**Segment: NM1 - Individual or Organization Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
NM101	Entity ID Code	"2F"	2/2
NM102	Entity Type Qualifier	"2"	1/1
NM103	Last Name or Organization Name	"ARIZONA MVD MI"	14/14

### 5.2.2.3. Hierarchical Level 4: Policy Policy Level

**Loop ID: HL**

**Segment: HL - Hierarchical Level**

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL Identifier	1 /4
HL02	Hierarchical Parent ID	Parent ID number	1 /4
HL03	Hierarchical Level Code	"4"	1/1
HL04	Hierarchical Child Code	"1" (level 5 loops present) or "0" (no level 5 loops present)	1/1

**Section Separator – Policy Level**

**Loop ID: HL/LX**

**Segment: LX – Assigned Number**

Seq. No.	X12 Name	Value To Be Used	Min/Max
LX01	Assigned Number	"1"	1/1

**Error Identification – Policy Level**

**Loop ID: HL/LX**

**Segment: REF – Reference Numbers**

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	Value is "1Q"	2/2
REF02	Reference Number	Error code	4/4

**Insured Name****Loop ID: HL/NM1****Segment: NM1 - Individual or Organization Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
NM101	Entity ID Code	“IL”	2/2
NM102	Entity Type Qualifier	“1” (person) or “2” (non-person entity)	1/1
NM103	Last name or organization name	Insured last name or organization name	1/35
NM104	Name First	Insured first name	1/25
NM105	Name Middle	Insured middle initial	1/1
NM108	Identification Code Qualifier	“N” (Insured DL No) or “FI” (Federal Tax ID No) or Blank (NM109 no used)	0/2
NM109	ID Code	Insured Driver’s License Number or Non Person entity’s FEIN	0/9

**Insured Address****Loop ID: HL/NM1****Segment: N3 - Address Information**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
N301	Address Information	Insured mailing address	1/35

**Insured City, State, Zip****Loop ID: HL/NM1****Segment: N4 - Geographic Location**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
N401	City Name	Insured city	1/25
N402	State or Province Code	Insured state	2/2
N403	Postal Code	Insured zip	5/9

**Policy Information****Loop ID: HL/IT1****Segment: IT1 - Baseline Item Data**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
IT102	Quantity Invoiced	“1”	1/1
IT103	Unit	“IP”	2/2
IT104	Unit Price	“0”	1/1

**Transaction Purpose****Loop ID: HL/IT1****Segment: SI - Service Characteristic Identification**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
SI01	Agency Qualifier Code	“ZZ”	2/2
SI02	Service Characteristic Qualifier	“11”	2/2
SI03	Product/Service ID	Transaction Type: “NBS” - (New business) or “XLC” – (Cancellation) or “S22” – (SR22) or “S26” – (SR26)	3/3

**Policy Number****Loop ID: HL/IT1****Segment: REF - Reference Number**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
REF01	Reference No. Qualifier	“IG”	2/2
REF02	Reference Number	Policy number	1/30
REF03	Description	“1” – personal or “2” –commercial	1/1

**Issuer of Operator’s Drivers License****Loop ID: HL/IT1****Segment: REF - Reference Number**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
REF01	Reference No. Qualifier	“XM”	2/2
REF03	Description	State or province code of jurisdiction issuing driver license	2/2



**Vehicle Specification Information****Loop ID: HL/IT1****Segment: REF - Reference Number**

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	“S3”	2/2
REF02	Reference Number	“V” – Vehicle specific or “NS” – Not vehicle specific	1/2

**Insurance Company Information****Loop ID: HL/IT1****Segment: REF - Reference Number**

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	“DD”	0/2
REF03	Description	Identifying information used by Insurance Co. which will be returned on error records	0/9

**Insured Date of Birth****Loop ID: HL/IT1****Segment: DTM - Date/Time/Reference**

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	“222”	3/3
DTM02	Date	Insured date of birth	6/6
DTM05	Century	Insured century of birth	2/2

**Policy Effective Date****Loop ID: HL/IT1****Segment: DTM - Date/Time/Reference**

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	“007”	3/3
DTM02	Date	Policy effective date	6/6
DTM05	Century	Century of policy effective. date	2/2

**SR Policy Cancellation Date****Loop ID: HL/IT1****Segment: DTM - Date/Time/Reference**

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	“036”	3/3
DTM02	Date	Policy cancellation date	6/6
DTM05	Century	Century of policy cancellation. date	2/2

**SR Policy Certification Date**

**Loop ID: HL/IT1**

**Segment: DTM - Date/Time/Reference**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
DTM01	Date/Time Qualifier	“458”	3/3
DTM02	Date	SR Certification date	6/6
DTM05	Century	Century of certification. date	2/2

#### 5.2.2.4. Hierarchical Level 5: Vehicle Vehicle Level

**Loop ID: HL**

**Segment: HL - Hierarchical Level**

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL identifier	1/4
HL02	Hierarchical Parent ID	Parent identifier	1/4
HL03	Hierarchical Level Code	"5"	1/1

#### Section Separator – Vehicle Level

**Loop ID: HL/LX**

**Segment: LX - Assigned Number**

Seq. No.	X12 Name	Value To Be Used	Min/Max
LX01	Assigned Number	"1"	1/1

#### Vehicle Information

**Loop ID: HL/LX**

**Segment: VEH –Vehicle Information**

Seq. No.	X12 Name	Value To Be Used	Min/Max
VEH02	Vehicle ID Number	Vehicle Identification Number (VIN)	1/25
VEH03	Century	Century vehicle was made	2/2
VEH04	Year within Century	Year vehicle was made	2/2
VEH05	Agency Qualifier Code	"NA"	2/2
VEH06	Product Description Code	Vehicle make	1/5

#### Vehicle License Plate Number

**Loop ID: HL/LX**

**Segment: REF - Reference Number**

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	"LV"	1 /2
REF02	Reference Number	Vehicle license plate number	1/8

#### Error Identification – Vehicle Level

**Loop ID: HL/LX**

**Segment: REF – Reference Numbers**

Seq. No.	X12 Name	Value To Be Used	Min/Max
REF01	Reference No. Qualifier	Value is "1Q"	2/2
REF02	Reference Number	Error code	4/4

### 5.2.3. Table 3 – Summary Level

#### Section Separator – Summary Level

#### Segment: TDS - Total Monetary Value Summary

Seq. No.	X12 Name	Value To Be Used	Min/Max
TDS01	Total Invoice Amount	“1”	1/4

#### Segment: CTT - Transaction Totals

Seq. No	X12 Name	Value To Be Used	Min/Max
CTT01	Number of Line Items	Total no of insurance policy transactions in this transaction set	1/4

### 5.3.811 Arizona MIRS “No Activity Report” Receipt

This is the Arizona adaptation of the X12 (TS811) Version 3050. The segments and data elements defined in this document specify the data required by Arizona for a “No Activity” report using a valid 811 transaction. This report is required when there is no policy activity to be reported for a NAIC number.

#### 5.3.1. Table 1 – Header Level

##### 811 Header

##### Segment: ST – Transaction Set Header

Seq. No.	X12 Name	Value To Be Used	Min/Max
ST01	Transaction Set Identifier Code	811	3/3
ST02	Transaction Set Control Number	Unique control number, assigned by sender	4/9

##### Date Insurance Entity Created File

##### Segment: BIG - Beginning Segment for Invoice

Seq. No.	X12 Name	Value To Be Used	Min/Max
BIG01	Date	Creation date (YYMMDD)	6/6
BIG02	Invoice Number	“1”	1/1

**Sender's Name and Identification Number****Loop ID: N1 - Sender's Name and Identification Number****Segment: N1 - Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
N101	Entity ID Code	"IN" (Insurer)	2/2
N102	Name	Sender's name	1/35
N103	ID Code Qualifier	"NI" (NAIC code) or "FI" (Tax ID number)	2/2
N104	ID Code	NAIC Code or Federal Tax ID number	5/9

**Receiver's Name and Identification Number****Loop ID: N1 - Receiver's Name and Identification Number****Segment: N1 - Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
N101	Entity ID Code	"2F" (State)	2/2
N102	Name	"ARIZONA MVD MI"	14/14

### 5.3.2. Table 2 – Detail Level

#### 5.3.2.1. Hierarchical Level 1 - Insurer

##### Insurance Entity Level

**Loop ID: HL – Insurance Entity Loop**

**Segment: HL - Hierarchical Level (Level 1: Insurer)**

Seq. No.	X12 Name	Value To Be Used	Min/Max
HL01	Hierarchical ID Number	HL Identifier	1/4
HL02	Hierarchical Parent ID	Not used	0/0
HL03	Hierarchical Level Code	“1”	1/1
HL04	Hierarchical Child Code	“1”	1/1

##### Insurance Entity’s Name and NAIC Code

**Loop ID: HL/NM1**

**Segment: NM1 - Individual or Organization Name**

Seq. No.	X12 Name	Value To Be Used	Min/Max
NM101	Entity ID Code	“IN” (Insurer)	2/2
NM102	Entity Type Qualifier	“2” (Non-person)	1/1
NM103	Last Name or Organization Name	Organization name	1/35

NM108	Identification Code Qualifier	“NI” (NAIC Code)	2/2
NM109	ID Code	NAIC Code	5/5

##### Insurer Reporting Information

**Loop ID: HL/IT1**

**Segment: IT1 Loop - Baseline Item Data**

Seq. No.	X12 Name	Value To Be Used	Min/Max
IT102	Quantity Invoiced	“1”	1/1
IT103	Unit	“IP”	2/2
IT104	Unit Price	“0”	1/1

##### Submission Date

**Loop ID: HL/IT1**

**Segment: DTM - Date/Time/Reference**

Seq. No.	X12 Name	Value To Be Used	Min/Max
DTM01	Date/Time Qualifier	“368”	3/3
DTM02	Date	Date submitted	6/6
DTM05	Century	Century of submittal date	2/2

### 5.3.2.2. Hierarchical Level 2: State

**State Level**

**Loop ID: HL**

**Segment: HL - Hierarchical Level (Level 2: Occurs once for the state)**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
HL01	Hierarchical ID Number	HL identifier	1/4
HL02	Hierarchical Parent ID	“1”	1/1
HL03	Hierarchical Level Code	“2”	1/1
HL04	Hierarchical Child Code	“1”	1/1

**State Name**

**Loop ID: HL/NM1**

**Segment: NM1 - Individual or Organization Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
NM101	Entity ID Code	“2F”	2/2
NM102	Entity Type Qualifier	“2”	1/1
NM103	Last Name or Organization Name	”AZ”	2/2



**5.3.2.3. Hierarchical Level 4: Policy**  
**Policy Level**

**Loop ID: HL**

**Segment: HL - Hierarchical Level**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
HL01	Hierarchical ID Number	HL Identifier	1/4
HL02	Hierarchical Parent ID	Parent ID number	1/4
HL03	Hierarchical Level Code	"4"	1/1
HL04	Hierarchical Child Code	"0"	1/1

**Insured Name**

**Loop ID: HL/NM1**

**Segment: NM1 - Individual or Organization Name**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
NM101	Entity ID Code	"IL"	2/2
NM102	Entity Type Qualifier	"1" (person) or "2" (non-person entity)	1/1
NM103	Last name or organization name	Value "NO ACTIVITY"	11/11

**Policy Information****Loop ID: HL/IT1****Segment: IT1 - Baseline Item Data**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
IT102	Quantity Invoiced	“1”	1/1
IT103	Unit	“IP”	2/2
IT104	Unit Price	“0”	1/1

**Transaction Purpose****Loop ID: HL/IT1****Segment: SI - Service Characteristic Identification**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
SI01	Agency Qualifier Code	“ZZ”	2/2
SI02	Service Characteristic Qualifier	“11”	2/2
SI03	Product/Service ID	Transaction Type: “OTH” - (Other)“	3/3

**Vehicle Specification Information****Loop ID: HL/IT1****Segment: REF - Reference Number**

<b>Seq. No.</b>	<b>X12 Name</b>	<b>Value To Be Used</b>	<b>Min/Max</b>
REF01	Reference No. Qualifier	“S3”	2/2
REF02	Reference Number	“NS” – Not vehicle specific	2/2

### 5.3.3. Table 3 – Summary Level

#### Section Separator – Summary Level

#### Segment: TDS - Total Monetary Value Summary

Seq. No.	X12 Name	Value To Be Used	Min/Max
TDS01	Total Invoice Amount	“1”	1/1

#### Segment: CTT - Transaction Totals

Seq. No	X12 Name	Value To Be Used	Min/Max
CTT01	Number of Line Items	Total no of insurance policy transactions in this transaction set	1/4

## 5.4. Criteria for Editing Arizona MIRS Data

### 5.4.1. Translator Errors

The translation will reject the entire transaction if the data does not conform to the ANSI standard. Transaction rejection requires the insurance company to correct the data and resubmit the transaction. After data has passed the translator edits, it is then passed through the AMIRS application validation.

### 5.4.2. AMIRS Data Validation Error Codes

The following table lists the error codes that are used by the application system to notify the insurer of a problem in the data. Error reporting requires the system to return the original data record sent by the insurer along with a segment including an error code. The error records returned have been rejected from the system will not be included in any subsequent processing. Some of the data elements listed are not being edited at this time, but the error codes are included for possible activation later. These edit errors are due to missing or invalid information in one or more of the data fields. Error records that are returned to the insurer have not been recorded in the AMIRS database. Records that are exempt from insurance legislation are not recorded, and not returned to the insurance company.

Error Entity Values				
Table	Level	Error Type	Error Code	Description
2	4	E	020	Insured last name
2	4	E	045	Insured drivers license number
2	4	E	105	Insured drivers licensing state code
2	4	E	075	Transaction type code
2	4	E	107	Vehicle Specific Information
2	4	E	085	Insurance policy or binder number
2	4	E	115	Policy effective date
2	4	E	125	Policy expiration date
2	4	E	170	Organizational Customer Number
2	5	E	200	Vehicle identification number

### 5.4.3. MI Data Validation Action

This chart identifies specific data elements where the edits occur in the MVD validation programs. Notice that some elements are conditional (X).

<b>Data Element</b>	<b>(M)andatory (O)ptional (X)Conditional</b>	<b>Edit Criteria</b>	<b>Error Type</b>	<b>Error Code</b>	<b>MVD Action (if data does not meet edit criteria)</b>	<b>Insurance Company Action</b>
Insured Last Name	M	Present	E	020	Record rejected	Correct data element and resubmit
Insured Driver License Number	X	Present if SR filing, preferred for others	E	045	Record rejected if SR filing	Correct data element and resubmit
Insured Driver License State	X	Present if SR filing, preferred for others	E	105	Record rejected if SR filing	Correct data element and resubmit
Transaction type code	M	Valid codes from data element specifications	E	075	Record rejected	Correct data element and resubmit
Vehicle Specific Information	M	Valid codes from data element specifications	E	107	Record rejected	Correct data element and resubmit
Policy Number	M	Present	E	085	Record rejected	Correct data element and resubmit

<b>Data Element</b>	<b>(M)andatory (O)ptional (X)Conditional</b>	<b>Edit Criteria</b>	<b>Error Type</b>	<b>Error Code</b>	<b>MVD Action (if data does not meet edit criteria)</b>	<b>Insurance Company Action</b>
Policy Effective Date	X	Present if transaction type equals 'NBS' or 'S22' or 'S26'	E	115	Record rejected	Informative – Normally occurs when vehicle has insurance suspension for non-SR filings. Vehicle owner must clear suspension.
Policy Expiration Date	X	Present if transaction type equals 'XLC' or 'S22' or 'S26'	E	125	Record rejected	Correct data element and resubmit
VIN	M	Present if Policy Type equals 'V' Not present if Policy type is 'NS'.	E	200	Record rejected	Verify VIN on AZ issued Title or Registration Document, correct record and resubmit

## **6. EDI Testing**

### **6.1. General Provisions**

An insurance company sending insurance information through EDI is known as a trading partner.

To become a trading partner, an insurance company must meet all the business and system requirements, along with successfully completing the testing defined in this section.

There are three (3) levels of testing that must be completed:

- Connectivity testing – sending and receiving messages electronically.
- Transaction set testing – translating the 811 transactions and the ability to receive 997 acknowledgments and 811 errors.
- Validation testing – testing the data for content errors.

Once testing has begun the trading partners must agree to respond to the test files and requests for revisions in a timely manner. Failure to remain in contact with the Reporting Coordinator during the testing process may result in a non-compliance report being filed with the Arizona Department of Insurance (DOI). The DOI may, after a hearing, impose sanctions on the insurance company, including fines and suspension of license.

### **6.2. Connectivity Testing**

#### **6.2.1. FTP**

Accounts, passwords and directories are set up for trading partners on the ADOT/MVD server. The insurance company will log onto the server and test uploading and downloading sample files to verify the FTP session is functioning properly. ADOT/MVD will execute processes to extract the insurance company's file from the server and write error records back to the server for the company's extraction.

#### **6.2.2. IE**

The insurance company provides the account information to provide access to their electronic mailbox to ADOT/MVD. Sample files are sent to the electronic mailbox and the Reporting Coordinator is notified. ADOT/MVD will execute processes to extract the insurance companies file from the electronic mailbox and write error records back to the electronic mailbox for the company's extraction.

### **6.3. Transaction Set Testing**

The complete transaction set testing will be done between the insurance company and ADOT/MVD to determine that the 811 documents sent between each other are formatted correctly. For this testing, ADOT/MVD may modify some of the records sent in the 811 transaction to create error records. These records will be returned to the insurance company in order to test the error return process.

The following lists the basic transaction steps:

- The insurance company sends a small test 811 document (6-10 records) to ADOT/MVD.
- ADOT/MVD sends back the 997 Functional Acknowledgment to the insurance company.
- ADOT/MVD sends an error 811 to the insurance company.
- The process is repeated with a test 811 document of a size representing a “typical” weekly report for that company.

### **6.4. Validation Test**

ADOT/MVD will process the 811 documents sent by the insurance company that have passed the transaction set testing. ADOT/MVD will review the results of the file processing and determine whether the level of accepted records is sufficient. Validation testing will continue until both parties are satisfied with the level of accepted records.



## **7. MIRS Contacts and Information**

### **7.1. ADOT/MVD MIRS Contacts**

**Business Contact:**

Tina Barajas  
Reporting Coordinator  
MVD  
PO Box 2100, Mail Drop 535M  
Phoenix, AZ 85001-2100

[tbarajas@dot.state.az.us](mailto:tbarajas@dot.state.az.us)

Phone – (602) 712-8308  
Fax – (602) 712-3259

**Technical Contact:**

Noel King  
Lead MI Programmer  
ADOT  
206 S. 17<sup>th</sup> Ave, Mail Drop 110G  
Phoenix, AZ 85007-3213

[nking@dot.state.az.us](mailto:nking@dot.state.az.us)

Phone – (602) 712-7747  
Fax – (602) 407-8980

**Testing Contact:**

Cindy Kieckhaefer  
MI Programmer  
ADOT  
206 S. 17<sup>th</sup> Ave, Mail Drop 646I  
Phoenix, AZ 85007

[ckieckhaefer@dot.state.az.us](mailto:ckieckhaefer@dot.state.az.us)

Phone – (602) 712-6936  
Fax – (602) 407-8980

### **7.2. ADOT/MVD Information on the Internet**

The ADOT MVD web site is at:

<http://www.dot.state.az.us/mvd/>

### **7.3. Insurance Industry Trade Associations and Service Bureaus**

AAMVANET, INC.  
4301 Wilson Blvd STE 400  
Arlington, VA 22203  
(703) 908-5787  
Fax: (703) 522-1553  
[www.aamva.org](http://www.aamva.org)

-  
ACORD  
One Blue Hill Plaza  
P. O. Box 1529  
Pearl River, NY 10965-8529  
(800) 444-3341 ext. 421  
Fax: (914) 620-3621

ALLIANCE OF AMERICAN INSURERS  
Attn: Pete Gorman  
2960 Van Ness Ave. Suite B  
San Francisco, CA 94109-1020  
(415) 409-0870  
Fax: (415) 409-0835  
[Pgorman@allianceai.org](mailto:Pgorman@allianceai.org)

DAC SERVICES – MVR'S ONLY  
Attn: Kim Bishop  
4110 South 100<sup>th</sup> East Avenue  
Tulsa, OK 74146  
(800) 331-9175  
Fax: (918) 664-9074  
[Kimb@dacservices.com](mailto:Kimb@dacservices.com)

EDS  
Attn: Ann C. Silber  
5400 Legacy Drive, H3-4A-68  
Plano, TX 75024  
(972) 605-5275  
Fax: (972) 605-1508  
[ann.silber@eds.com](mailto:ann.silber@eds.com)

GEICO DIRECT  
Attn: John Cupp  
One Geico Center  
Macon, GA 31295  
(912) 464-2099  
Fax: (912) 464-2112  
[Jcupp@geico.com](mailto:Jcupp@geico.com)

INSPIRE INSURANCE SOLUTIONS  
Attn: Dick Freeman  
10892 Crabapple Road Suite 300  
Roswell, GA 30075  
(770) 640-1778  
Fax: (770) 640-5571  
[Rfreeman@nspr.com](mailto:Rfreeman@nspr.com) [transfluentsales@nspr.com](mailto:transfluentsales@nspr.com)

IVANS, INC. (formerly BWC Systems, Inc.)  
4357 Ferguson Drive  
Cincinnati, OH 45245  
(513) 943-8888  
Fax: (513) 943-8878

NATIONAL ASSOCIATION OF INDEPENDENT INSURERS  
Attn: Samuel K. Sorich, Assistant Vice President  
980 Ninth Street Suite 1600  
Sacramento, CA 95814  
(916) 446-2009  
Fax: (916) 446-7104  
[SSorich@naii.org](mailto:SSorich@naii.org)

R.L. POLK  
Attn: Bill Weber  
400 Pike Street  
Cincinnati, OH 45202  
(513) 455-6338  
Fax: (513) 455-6354  
[Bill\\_weber@polk.com](mailto:Bill_weber@polk.com)

Pacific Data Centers, Inc.  
Attn: Kelly Beutel  
6868 N 7th Ave, Suite 100  
Phoenix, AZ 85013  
Phone: (602) 230-1144  
Fax: (602) 230-7711  
[kbeutel@pdc-us.com](mailto:kbeutel@pdc-us.com)

## 8. Glossary

The following is a list of definitions and acronyms used throughout Arizona's MI X12 implementation guide. These definitions are intended to help clarify the terms used.

**AAMVA:** American Association of Motor Vehicle Administrators. AAMVA is a voluntary, nonprofit, tax-exempt, educational organization of state and provincial officials in the United States and Canada responsible for the administration and enforcement of laws pertaining to the motor vehicle and its use.

**AAMVAnet:** A network established by AAMVA to provide cost effective communication networks.

**ADOT:** Arizona Department of Transportation.

**ALIR:** Automobile Liability Insurance Reporting.

**ANSI ASC X12:** The American National Standards Institute (ANSI), Accredited Standards Committee (ASC) X12. These are universal standards to enable all organizations to use a single agency (X12) to develop and maintain transaction sets.

**Data Element:** Fields used in X12 segments.

**Date Of Birth:-** Date of birth (month, day, year) of the policyholder.

**Document:** Refers to a single vehicle or non-vehicle policy

**EDI:** Electronic Data Interchange is inter-company, computer-to-computer transmission of business data in a standard format.

**Effective Date:** Inception date of the policy. This value must be provided for new business.

**Expiration Date:** This is the date that the insurance coverage is no longer effective. It must be provided for cancellation records only. A policy will be considered valid until a cancellation record is received. This avoids having to send renewal records.

**Hard Error:** This is an error that rejected the insurance company record or transaction set. The error must be corrected and the document or transaction resubmitted.

Information Exchange Mailbox (IE): A unique "address" that provides an insurance company with the ability to receive and send information from trading partners.

Make: This is the manufacturer of the vehicle. If the policy type is vehicle specific, this value should be present. Likewise, if the vehicle-make is present, then the policy type must be vehicle specific.

Match: A match occurs when the insurance record corresponds to a vehicle record or customer record.

Message: A data file transmitted through EDI.

MI: Mandatory Insurance.

MIRS: Arizona's Mandatory Insurance Reporting System.

MVD: Motor Vehicle Division.

NAIC: The National Association of Insurance Commissioners.

No Match: A no match occurs when a vehicle record or customer record cannot be found on MVD's databases.

Owner Type: A single letter code used to describe the type of owner that is being reported. This will represent either an individual or organization.

'1'	Individual
'2'	Organization

Policy: Motor vehicle liability coverage issued by an insurer. Identified as a specific vehicle policy, or a non-vehicle specific policy.

Policy Number: This is the insurance policy number. It must be included with each submitted record. If a policy number changes, it must be reported as a cancellation using the existing policy number, and a new business record must be submitted with the new policy number.

Policy record: Record submitted by insurance companies to MVD to report changes to insurance coverage and to correct errors associated with records previously submitted.

Policy Type: Type of policy being reported. The two possible values are:

“1” Non Commercial Coverage.

“2” Commercial Coverage

Record Reject: Insufficient or inconclusive insurance information received at MVD and is returned to insurance company for corrected information.

Transaction: Sometimes referred to as transaction set. A transaction contains all of the data sent or received at one time. This will usually contain more than one document.

Transaction type: This field indicates the type of processing that will be done against the record. The four possible values are:

‘XLC’ Cancellation

‘NBS’ New Business

‘S22’ SR22/New Business

‘S26’ SR26/Cancellation

VAN: Value Added Network. Provides links among trading partners required by electronic communication functions such as EDI or e-mail.

Vehicle Specific/Non Vehicle Specific: Type of policy coverage being reported. The two possible values are:

“V” Vehicle specific record with a specific vehicle ID.

“NS” Non-vehicle specific will not list a specific vehicle, that information is maintained by MVD. Any changes to a non-vehicle specific policy (cancellations, etc.) will affect all vehicles on file with the MVD for the customer number.

VIN (Vehicle Identification Number): The vehicle identification number. If the policy is vehicle specific, this data element is required or the record is rejected. If the policy is non-vehicle specific, then this field must be left blank. Include the full 17 characters of the VIN for vehicles with vehicle year 1981 and after.

Year: Model year of the vehicle.

## **9. Frequently Asked Questions**

### **Which companies must report?**

The statute states “each company that cancels or becomes aware of the cancellation or non-renewal of or failure to renew or issuance of a motor

vehicle in this state shall provide the department all cancellation, non-renewals or new issues . . .” This has been interpreted as any company that is licensed to write policies in Arizona.

**What if we have written no policies in Arizona?**

Contact the Reporting Coordinator to be placed in “inactive” status. While in this status your company does not need to report. However, you are required to notify the Reporting Coordinator prior to writing any business in Arizona to have the status removed and arrange to begin reporting.

**We only write commercial policies, do we need to report?**

Yes, both private passenger and commercial policies must be reported.

**Can you process with partial VINs?**

No, the full VIN must be provided for vehicle specific policies.

**What is the Arizona customer number required for non-vehicle specific policies?**

A unique number known as their customer number identifies each person and organization in our database. For individuals it is their driver license number. For organizations it is their Employer Identification Number (if provided to ADOT/MVD), motor carrier account number or a system-generated number. Contact your customer to obtain this information if needed.

**I contacted my customer, but they didn’t know their customer number. What should we do?**

Have your customer contact MVD at (602) 255-0072 to obtain their customer number.

**Can you access an insurance record by policy number?**

No, insurance records are only accessed by VIN or customer number.

**My company submits data by cartridge tape. Is there a specific time that you should receive them for processing?**

Tapes are prepared and sent over to the computer by 12 noon on a daily basis. All tapes that are received after that time will not be processed until the following business day.

Tapes received after noon on Fridays, will be processed the following Monday.

**We use FedEx as the carrier for our tapes, what time do they deliver?**

FedEx deliveries are brought in afternoons. Those tapes are then processed on the following business day. UPS and DHL deliver in the mornings, and usually those tapes are processed the same day.

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**Are there vehicle types, such as non-motorized trailers, that are exempt from reporting?**

Arizona Revised Statute Title 28, Chapter 9, Section 4132 lists the vehicles that are exempt from the mandatory insurance requirements. A copy of the statute may be found at:

<http://www.azleg.state.az.us/ars/28/04132.htm>.

**Is there a standard form to submit the required set up information?**

No, the information required by Section 3.1. of this guide may be submitted to the Reporting Coordinator by phone, fax, e-mail or in writing.

**Can we report more often than once a week?**

Yes. Reporting is required *at least* once every seven days.

**We have multiple locations (private passenger and commercial).**

**Can each report separately using the same insurance code?**

Yes, multiple reports may be made.

**Can we report by diskette?**

Only if you qualify for the alternative reporting exemption. See Section 3.3.2. for details.

**We have a fourteen (14) day waiting period built into our system before a policy is considered cancelled, but we have to report to you every seven (7) days. How should this be handled?**

Report only after you consider the cancellation final.

**Do we have to report even if there is no activity during the prior week?**

Yes, a “no activity” report must be submitted to avoid being considered in non-compliance.

**Can multiple insurance codes be included in the same report?**

Yes, however only one code can appear in the header (sender) information.

**Do you expect a book of business after testing is completed?**

No book of business is required at this time.

**Can we report transactions with future dates or should we wait until they become effective?**

Wait until they become effective before reporting.

**Do we report policies that are “flat cancelled,” that is cancelled before it went into effect?**



You would only report a cancellation if you have previously reported the policy as new business.

**What if my vehicle is registered in Arizona, but my insurance is from out of state?**

If your vehicle is registered and driven in Arizona, then you must provide valid insurance from a company that is authorized to do business and is registered with the Arizona Motor Vehicle Division.

If the vehicle is not going to be operated on the highways of Arizona, then it should be de-insured.

**How does an insurance company register with the Arizona MVD?**

The insurance company provides their NAIC number, (National of Insurance Commissioners), on a Certificate of Authority to the MVD. The Certificate of Authority, provided to the company by the Department of Insurance, is what verifies that the company is authorized to do business in Arizona.

Contact the Mandatory Insurance Reporting Coordinator at 602-712-8308 for any other verification.

**How does the insurance company report policies to the MVD?**

All new business, cancellations and reinstatements must be reported every (7) seven days, either by X12 TS 811, cartridge or manual submissions. Most companies report X12 TS 811 using IE. Right now we are offering IE and FTP, as the means to send data electronically which in most cases is X12 TS 811.

**What is the quickest way?**

Electronically, using the X12 TS 811 format insures the process is done quickly and accurately.

**What if there is a mistake on the vehicle identification number?**

The error is returned to the company for correction and then needs to be re-submitted to the MVD.

**What if the error is not corrected?**

If no proof is provided or received from the owner or insurance company, the vehicle's registration and plates may be suspended.

**After a policy is cancelled; when does it get reported to the MVD?**

If the company reports electronically, then there is a good chance that it will be automatically submitted in the company's next report. Many companies reporting electronically make daily submissions, while others report weekly.

**What if a notice is generated on a cancellation, but the policy is reinstated?**

Once the company receives a reinstatement and notifies the MVD, the policy, if it is reported electronically, is once again active and no further verification is needed.

**How does a customer find out how their company reports to the MVD?**

An inquiry of its reporting practices will eliminate any question on this matter. Most customers can and should inquire if their company is one of the many that now report electronically.

**Are faxed insurance verifications necessary once the company has reinstated the policy?**

No. Once the reinstatement has been electronically resubmitted, then it is not necessary for the agents to send faxes to the MVD.

**What if a vehicle is suspended for no proof of insurance, but it's insurance was valid?**

The registered owner needs to provide proof of insurance coverage on the date of suspension, in person, at the nearest MVD office. This will insure that the suspension is lifted and the plates and registration are active.

The agent for the insured can fax verification if the proof of coverage is valid. If insurance was not in effect, then the owner/owners of the vehicle will need to obtain an SR22 from a valid insurance company, pay a reinstatement fee of \$50.00 and carry the SR22 for three (3) years.

**Is an ADOT code mandatory on the insurance verification?**

The code is no longer mandatory. What needs to be provided is the name of the company that is providing coverage and that company's NAIC code. Since so many companies provide varied forms of coverage, and have different NAIC codes for each branch of their companies, then a specific code is useful in determining the correct company that is providing the coverage.

**What is the correct policy to be reported?**

The policy that appears on the insurance certificate, insurance card, blanket policy certificate and should be consistent on all documents and reports. This avoids any confusion for the vehicle record.

**If a policy is reinstated with a different number, should it be reported as a new policy?**

Yes. When a policy is changed, for any reason, and given another alpha or numeric, then it needs to be reported as a new business policy and the old one has to be reported as canceled.

**Are SR22 and SR26's reported electronically?**

Currently MVD is working on converting them to X12 TS 811 reporting standards, with the help of some of the companies that now use that form of transmission. It is not, however, at this point in time mandatory.

**How soon should verification be submitted to the MVD after the purchase of a new vehicle?**

Once the vehicle is registered with the MVD, it needs to have proof of coverage on record. If it is not provided or found, then the first notice is mailed to the registered owner(s).

The policy input process searches for the registration VIN and will attach the policy to the vehicle record if a match is located. If coverage is not applied to the vehicle record, then a suspension notice is generated and the plates and registration are suspended, until current proof of insurance is received.